

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10766735 01-28-01

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25		1				
26		1				
27		2				
28		2				
29		6				
30		6				
31		6				
32		4				
33		4				
34		4				
35		1				
36		0				
37		6				
38	1					
39		1				
40		1				
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47		6				
48		6				
49		6				
50	1					
TOTAL IND.	25					
TOTAL DEP.	130					
TOTAL CLAIMS	155					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		6				
52		6				
53		6				
54		6				
55		6				
56		6				
57	1					
58		5				
59		5				
60		6				
61		6				
62		6				
63	1					
64	1					
65	1					
66		6				
67		6				
68		6				
69	1					
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						